

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>71887</u>	2. Fiscal Year Covered From: <u>01 / 01 / 2004</u> Through: <u>12 / 31 / 2004</u>
3. Name and address of person filing. Name <u>Ronald</u> <u>Gibbs</u> P.O. Box, Bldg., Room No., if any Street <u>4212 Four Seasons Trail</u> City <u>Erie</u> State <u>PA</u> ZIP Code + 4 <u>16506</u>	4. Name, file number, and address of labor organization. Name <u>General Teamsters Local 397</u> Labor Organization File Number <u>011023</u> P.O. Box, Building and Room Number, if any Street <u>1344 East 11th Street</u> City <u>Erie</u> State <u>PA</u> ZIP Code + 4 <u>16503-1716</u>
5. Position in labor organization. <u>Secretary-Treasurer</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Ronald W. Gibbs</u>	On <u>8/23/05</u> Date	<u>814-835-1137</u> Telephone Number

Name of Person Filing	Ronald Gibbs	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name: <u>Highmark</u></p> <p>Trade Name, if any: <u>Blue Cross/Blue Shield</u></p> <p>P.O. Box, Bldg., Room No., if any: <u>Suite P2307</u></p> <p>Street: <u>120 Fifth Avenue</u></p> <p>City: <u>Pittsburgh</u></p> <p>State: <u>PA</u> ZIP Code + 4: <u>15000</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name: <u>W. PA Teamsters H & W Fund</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any: <u></u></p> <p>Street: <u>49 Auto Way</u></p> <p>City: <u>Pittsburgh</u></p> <p>State: <u>PA</u> ZIP Code + 4: <u>15206</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>Administer W. PA Teamsters Health and Welfare Fund</u></p> <p>11.b. Approximate dollar value of such dealing. <u></u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>Golf Outing and lunch.</u></p> <p>12.b. Amount. <u>172.84</u></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name: <u></u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any: <u></u></p> <p>Street: <u></u></p> <p>City: <u></u></p> <p>State: <u></u> ZIP Code + 4: <u></u></p>	<p>14.a. Nature of payment.</p> <p><u></u></p> <p>14.b. Amount of payment. <u></u></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	

August 24, 2005

**RE: Amended L.M. 30 report for Teamsters Local 397
Secretary Treasurer Business Agent Ronald W. Gibbs**

US Department of Labor
ESA/OLMS, Room N-5616
200 Constitution Avenue, NW
Washington, DC 20210

Dear Sir or Madame,

Enclosed please additional information relevant to the above referenced L.M. 30 report for the fiscal year January 1, 2004 through December 31, 2004, which I previously filed with your office. Please add this information to my L.M.30 report for fiscal year January 1, 2004 through December 31, 2004.

I was just recently provided with this additional information.

Sincerely,

A handwritten signature in black ink, appearing to read "Ronald W. Gibbs", written in a cursive style.

Ronald W. Gibbs
Secretary Treasurer
Business Agent
Teamsters Local 397

CERTIFIED MAIL # 7003 1680 0002 2033 8092